



1615

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/340,338	
	Filing Date	June 25, 1999	
	First Named Inventor	Fotinos	
	Art Unit	1615	
	Examiner Name	Ware	
Total Number of Pages in This Submission	5	Attorney Docket Number	1581-120

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Firm or Individual	Thomas S. Deibert, Reg.# 40,984
Signature	
Date	May 7, 2003

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THOMAS S. DEIBERT, REG. NO. 40,984
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Attorney Docket No. 1581/120

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fotinos

Serial No.: 09/340,338

Group Art Unit No.: 1615

Filed: June 25, 1999

Examiner: Ware

For: Device and method for the treatment of erectile dysfunction

Commissioner for Patents

PO Box 1450

Alexandria, Virginia 22313-1450

**INFORMATION DISCLOSURE STATEMENT
UNDER 37 CFR 1.56**

Applicants herein make available to the Patent and Trademark Office copies of the references, listed on the included Form PTO-1449.

The Examiner is requested to consider carefully the complete text of these references in connection with the examination of this application. It is believed that the Examiner will concur with Applicant's belief that the foregoing references do not adversely affect the patentability of the subject matter presently claimed, taken alone or in combination.

It is requested that the listed references be included in the "References Cited" portion of any patent issuing from this application.

(1) This Information Disclosure Statement is being filed:

- ☒ within three months of the filing date of the patent application.
- ☐ within three months of the date of entry into the national stage as set forth in 37 CFR 1.491 of the international application.
- ☐ **before** the mailing date of a first Office Action on the merits.
- ☐ **after** the mailing date of the first Office Action on the merits, but **before** the mailing date of

a Final Action under 37 CFR 1.113,
a Notice of Allowance under 37 CFR 1.311, or
an action that otherwise closes prosecution,

and is accompanied by either:

- ☐ the Statement under 37 CFR 1.97(e) (see "Statement" below), **or**
- ☐ the fee under 37 CFR 1.17(p).

- ☐ **after** the mailing date of

a Final Action under 37 CFR 1.113,
a Notice of Allowance under 37 CFR 1.311, or
an action that otherwise closes prosecution,,

and is accompanied by both:

the Statement under 37 CFR 1.97(e) (see "Statement" below), **and**
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(2) **Statement**

- ☐ The **undersigned attorney** hereby states that each item information contained in the Supplemental Information Disclosure Statement was first cited in any communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to the filing of the Supplemental Information Disclosure Statement. *(If this box is checked, do not check any further Statement boxes.)*

or

- ☐ The **person signing immediately below** hereby states that no item of information contained in the Supplemental Information Disclosure was cited in any communication from any foreign patent office in any counterpart foreign patent application or, to the knowledge of the person signing after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the Supplemental Information Disclosure Statement.

The person making the statement is:

- ☐ the inventor(s) who sign(s) below:

Signature of the Inventor(s)

Typed or Printed Name of the Inventor(s)

or

- ☐ a person who is substantively involved in the preparation or prosecution of the application, and who is associated with the inventor(s), or with the assignee, or with anyone to whom there is an obligation to assign the application (37 CFR 1.565(c)) and who signs below:

Signature of the Person(s)

Typed or Printed Name of the Person

Address of Person Signing

or

- ☐ the undersigned attorney who signs on the basis of the information:
- ☐ supplied by the inventor(s).
 - ☐ supplied by an individual designated in 37 CFR 1.56(c).
 - ☐ in the attorney's file.

Signature of the Attorney (4) Fees

- ☒ **No Fee** is owed by the applicants.
- ☐ **The IDS Fee of \$180.00** under 37 CFR 1.17(p) is enclosed herewith.

(5) Method of Payment of Fees

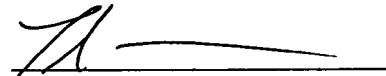
- ☐ Attached is a check in the amount of \$_____.
- ☐ Applicants hereby authorize the Commissioner to charge the \$180.00 IDS Fee to Deposit Account No. 04-0480.

(6) **Authorization to Charge Additional Fees**

- ☒ Applicants hereby authorize the Commissioner to charge any additional fees deemed required for consideration of this Paper to Deposit Account No. 04-0480.

A prompt and favorable response is earnestly solicited.

Respectfully submitted,



Thomas S. Deibert
Registration No. 40,984
Attorney for Applicant

DECHERT LLP
A Pennsylvania Limited Liability Partnership
Princeton Pike Corporate Center
PO Box 5218
Princeton, New Jersey 08543-5218
Fax: (609) 620-3259
Attn: Thomas S. Deibert, Esq.
(609) 620-3231



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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Complete if Known

Application Number	09/340,338
Filing Date	June 25, 1999
First Named Inventor	Fotinos
Art Unit	1615
Examiner Name	Ware
Attorney Docket Number	1581/120

Sheet 1 of 1

U. S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			
		US- 09/398,846		Fotinos	RECEIVED MAY 12 2003 TECH CENTER 1600/2900
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FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T ⁶
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